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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	Attorney Docket No.	32405- 147477 172177
	First Named Inventor	Krieger
	Original Patent Number	6,056,414
	Original Patent Issue Date (Month/Day/Year)	May 2, 2000
	Express Mail Label No.	

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ Utility Patent

☐ Design Patent

☐ Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ * Fee Transmittal Form (e.g., PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☒ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in a double column copy of patent format (amended, if appropriate)
4. ☐ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No

(If Yes, check applicable box(es))

☒ Written Consent of all Assignees (PTO/SB/53)

☒ 37 C.F.R. § 3.73(b) Statement ☒ Power of Attorney
(PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
8. ☐ Original U.S. Patent for surrender
☐ Ribbonded Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Other:

14. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label



26694

PATENT TRADEMARK OFFICE

or ☒ Correspondence address below

Name	VENABLE				
Address	PO Box 34385				
City	Washington	State	DC	Zip Code	20043
Country	US	Telephone	(202) 962-4800	Fax	(202) 962-8300

NAME (Print/Type)	Robert Kinberg	Registration No. (Attorney/Agent)	26,924
Signature	<i>Robert Kinberg</i>	Date	Aug 1, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

The PTO will return the following:

Reissue Oath
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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
32405-~~17477~~ 172174**Claims as Filed - Part 1**

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 11	Total Claims (37 CFR 1.16(j)) Independent Claims (37 CFR 1.16(i))	(B) 12	**** 0	X\$0=	0	or	X\$ =
(C) 1		(D) 1	* 0	X\$0=	0	X\$ =	
Basic Fee (37 CFR 1.16(h))					\$355		\$
Total Filing Fee					\$355	OR	\$

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	X\$ =		or	X\$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	X\$ =			X\$ =
Total Additional Fee					\$		OR	\$

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 27 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 22-0261.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$ 355 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**August 1, 2001
DateRobert Kinberg
Signature of Applicant, Attorney or Agent of Record

Robert Kinberg - Registration No. 26,924

Typed or printed name

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Michael Krieger

Application No./Patent No.: 6,056,414 Filed/Issue Date: May 2, 2001

Entitled: PORTABLE LIGHT WITH STAND

Vector Products, Inc., a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is _____%

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 9862, Frame 0399, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To: _____

The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

- ☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

7/16/01
Date

Michael Krieger

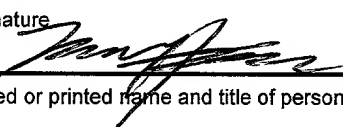
Typed or printed name

[Signature]
Signature

President

Title

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 32405-147477
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Michael Krieger		
Patent Number 6,056,414	Date Patent Issued May 2, 2000	
Title of Invention PORTABLE LIGHT WITH STAND		
<p>1. <input checked="" type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee owning an undivided interest in said original patent is/are <u>Vector Products, Inc.</u> and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) Vector Products, Inc.		
Signature 	Date 7/16/07	
Typed or printed name and title of person signing for assignee (if assigned) Michael Krieger, President		

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